Eastgate Care Ltd

Canal Vue

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Canal Vue on May 11 2016 and it was unannounced. At our previous inspection in May 2015 the provider was not meeting all of the regulations and needed to improve safe recruitment procedures to ensure that staff were safe to work with people, providing care which met the needs of people living with dementia, meeting legal requirements for people to consent to their care and notifying us of significant events in line with their registration. The provider sent us a report explaining the actions they would take to improve. At this inspection, we found that some improvements had been made since our last visit but further improvements were needed to ensure people's needs were fully met.

Canal Vue provides personal and nursing care for up to 70 older people. It is a purpose built establishment over three floors. There were 43 people living at the home at the time of our inspection.

The home is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was no registered manager in post at the time of inspection.

At the last inspection we saw that safe recruitment procedures were not always followed. At this inspection we saw the provider had ensured that staff were safe to work with people. Improvements had been made to ensure that the provider met their legal requirements to ensure that people consented to their care. However, some people's capacity to make certain decisions had not been assessed or decisions made in their best interest.

At the last inspection the provider was not always meeting the needs of people living with dementia. Some activities were now being offered and the environment had been designed to assist them. However, people we spoke with and their families said that there was not always enough to do. At the last inspection we saw that the provider had not notified us of all significant events and now they had, which enabled us to ensure that they took the appropriate action.

We saw that there were not always enough staff to safely meet people's needs and that people had to wait for support and assistance. This impacted on the lunchtime experience in one area of the home as people had to wait for a significant amount of time in a hot environment. Staff did not always have the skills and understanding to effectively support people with their health needs and communication with healthcare professionals was not always maintained to ensure that relevant referrals were made.

There was no registered manager in post but the provider had established a leadership team and there was recently a temporary manager in place who staff said was approachable. Quality systems had been implemented which were driving improvements and complaints were responded to in a timely fashion with learning recorded.

Medicines were administered and managed safely to reduce the risks associated with them. Other risks to people's health and wellbeing had been assessed and actions put in place to address and reduce them. People had care plans which were detailed, reviewed and altered to represent their changing needs. We saw that staff followed the guidance and supported people in a caring manner. Staff developed meaningful relationships with people and were aware of their likes and dislikes. People had their privacy and dignity upheld and visitors were welcomed at any time.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.
There were not always enough staff to ensure that people's needs safely. The provider followed all of the procedures to ensure that staff were safe to work with people. Risk to people's health and wellbeing were assessed and managed, including for emergency situations. Medicine was administered and managed safely for people.

Is the service effective?

Requires Improvement

The service was not consistently effective.
People did not always have their capacity to make decisions assessed. Staff did not always have the skills and expertise to support people effectively and this meant that their healthcare needs were not always met. People had enough to eat and drink but the mealtime experience was not always well managed.

Is the service caring?

Good

The service was caring.
Staff developed caring, respectful relationships with the people they supported. They were supported to make choices about their care and their dignity was respected. Relatives and friends were welcomed to visit freely.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.
There were some activities for people in an environment that supported people living with dementia. People and their relatives were not aware of their care plans. People knew how to complain and complaints were managed and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.
There was no registered manager in place but management arrangements were in place including a temporary manager. There were management systems in place to drive quality improvement. The provider notified us of significant events.

Canal Vue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 11 May 2016 and was unannounced. It was carried out by three inspectors. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with eight people who lived at the home about their care and support and to the relatives of four other people to gain their views. Some people were less able to express their views and so we observed the care and support they received whilst in communal areas. We spoke with nine care staff, two nurses, the chef, the project manager and the operations director. We also spoke with four health professionals who supported the people who lived at the home and we reviewed information from the local authority quality monitoring visits. We looked at care records for five people to see if their records were accurate and up to date. We reviewed three staff files to ensure that safe recruitment procedures were followed and we also looked at records relating to the management of the service including quality checks.

Requires Improvement

Is the service safe?

Our findings

At our last comprehensive inspection we found that there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not always follow safe recruitment procedures to ensure that staff were safe to work with people. At this inspection, staff we spoke with told us that their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. One member of staff we spoke with said, "Yes, they did all of the checks before I started". Records that we reviewed confirmed that these checks had been made. The operations director told us, "We have recently held a day's training in recruitment to make sure that all of our managers are aware of their responsibilities". This showed that the provider followed safe recruitment procedures.

At our last inspection we found plans that were in place to respond to emergencies. For example personal emergency evacuation plans, did not provide information specific to people's needs. At this inspection, staff we spoke with knew about people's emergency plans and the level of support they would need to evacuate the home. We saw that the plans in place provided guidance about the level of support people would need and was specific to their individual needs. This meant that staff had information to support people safely in a way that met their needs.

At our last inspection we found that the environment was not always suitable for people because it was very warm on one floor of the home. At this inspection, we found that environmental improvements had been made and that the temperature on that floor was not extreme. However, we saw that one of the dining areas became overheated when a hot trolley was plugged in during lunchtime. We heard staff complain about the heat and make arrangements for other staff to take on their duties so that they could have a break from it. The people who were eating in that room were mostly unable to communicate if they were too warm or leave the room independently. When we spoke with the managers they were unaware of the situation and said that they would review it. This meant that there had been some environmental improvements but there were still some areas which required attention.

We saw that there were not always enough staff to safely meet people's needs in some areas of the home. We saw that on occasion people requested support with personal needs and were asked to wait because staff were assisting other people. One person asked for assistance and we saw that it took fifteen minutes for staff to be able to support them to the bathroom. Another person asked for help and again needed to wait for fifteen minutes until they were assisted. They said, "It's cruel to make me wait like this". On this occasion there was only one member of staff in the vicinity and they asked us to observe the room where people were sitting while they requested additional support from other staff. One member of staff we spoke with said, "Staff are always stressed and rushing around and people do have to wait sometimes". Another member of staff said, "Most of the people need two members of staff to help them safely and so it is hard to meet everyone's needs". A healthcare professional we spoke with said, "When I visited last week I saw that one person needed to wait to have their personal care needs met because staff were not available". We saw that the meal time took a long time on one floor because the majority of people needed two staff to support them to mobilise into the room. Some people were in the room for two hours while staff assisted people

with meals or personal needs.

This evidence represents a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People we spoke with told us that they felt safe. One person said, "I feel safe and well looked after". Another person told us, ""I feel safe, I can't fault it". Staff we spoke with understood their responsibilities to protect people from abuse and could tell us how they would manage any concerns that they had. One member of staff said, "We have had training on safeguarding and I wouldn't hesitate to report it". We saw that safeguarding concerns had been reported and investigated according to the provider's procedure.

Staff we spoke with knew about individual's risks and how to support them. We observed people being assisted to move in a safe way, such as using equipment to support someone to stand. We also saw that people were supported to use pressure relieving equipment to protect their skin. When we reviewed the records we saw that risks to people's wellbeing had been assessed and reviewed and the guidance was in place for staff to follow to keep them safe from harm.

People told us that they received the medicines that they needed. One person we spoke with said, "They are always sorted for me". We observed that people were given their medicines individually, that time was taken to explain and to ask if they required any additional medicine; for example, for pain relief. We saw that records were kept and that medicines were stored and managed safely to reduce the risks associated with them.

Requires Improvement

Is the service effective?

Our findings

At our last comprehensive inspection we found there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the provider was not working within the principles of The Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection, we saw that there had been some improvements. We saw that some general assessments had been completed when people did not have capacity to consent to their care and to cover some decisions such as the use of bed rails to keep people safe. Staff we spoke with understood the MCA and could apply it to people that they supported. Some DoLS applications had been made to legally restrict people's liberty. However, we saw that the MCA had not been applied to all decisions. One relative we spoke with said, "We have asked numerous times for [relatives] care to be changed but nothing happens." We saw that there was an assessment in place for this person which stated that they did not have capacity to make these decisions and that their family should be their advocates. There had not been a best interest review involving their family to support the decision of how they should be cared for. Another relative we spoke with said, "I do not know who made the decision to move my relative." Records we reviewed demonstrated that this person's capacity had not been assessed to see if they could make this decision. This meant that although improvements had been made in line with the MCA the provider was not fully compliant and some people had their liberty unlawfully restricted because their capacity to make their own decisions had not been assessed.

This evidence represents a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At our last inspection we saw that staff did not always have the knowledge and skills needed to support people who were living with dementia effectively. At this inspection we observed that staff demonstrated skills in communicating with people. For example, we observed one member of staff get down on the floor to reassure somebody who was scared. We saw that there was a dementia strategy being implemented and one member of staff we spoke with had attended training about this. They told us, "Those of us who attend the training will become dementia champions and so we can give guidance on how to support people. We will also do information classes for residents, friends and families and develop things like life story work".

We saw that staff did not always have the skills and training to support people effectively in other aspects of their life. For example, we saw that one person was receiving care for skin pressure damage. When a healthcare professional visited they said that the approach was incorrect and advised that it should be altered. They also stated that the person's catheter was incorrectly attached which could cause further skin

damage. A member of staff we spoke with said, "It has been incorrectly attached and I will speak to the staff who supported the person today". Another member of staff we spoke with said, "We have not received training in catheter care and it would be really useful". One other member of staff said, "I attended a short session which was really helpful but quite rushed and we could do with more". We also saw that another person had some skin damage and when we asked one member of staff about this they said, "It is dry and healing like a previous one". When the healthcare professional visited this person they said that this was incorrect and it was an infected wound and prescribed medication. We saw that the healthcare professional had requested some medical care and referrals to be made which had not been followed up two weeks later. When we reviewed some records we saw that communication between staff and healthcare professionals was not always well maintained because it was not always clear who had made referrals to other professionals and who was responsible for monitoring them. This meant that staff did not always have the knowledge to maintain people's health and that people's healthcare needs were not always met.

We saw that there was inconsistency in the dining experience for people. One dining room was very hot and there were not enough beakers for everyone to have a drink for half an hour; when some people had already finished their meal. There were also not enough dessert bowls and some people had to wait fifteen minutes for a member of staff to go downstairs to wash them. In the other dining areas the mealtime was more relaxed and people had their needs met promptly. People we spoke with told us that the food was of a good quality. One person said, "The food is good and the chef is good". We saw that when people needed support to eat then this was given in a patient, respectful manner. We saw that specialist diets were prepared to meet assessed need and that records of food and fluid taken were maintained for some people who were nutritionally at risk. This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

Good

Is the service caring?

Our findings

People and their relatives told us that they were happy with the staff. One person said, "I'm happy here, I've got friends and the staff are lovely and helpful, they always do their best for you". Another person told us, "We are well looked after, the staff are really good". One relative said, "The staff are all polite and helpful". We observed caring relationships and that staff chatted and shared jokes with the people they supported. We saw that they asked people how they wanted to be supported; for example, they asked whether they wanted to have the window open or where they wanted to sit for a meal. One member of staff we spoke with told us, "We like to give them free choice; so there's not really set times for things. They can go to bed and get up when they want to" People were reassured when they were distressed by staff who knew them well; for example, we saw one member of staff start a conversation about a family pet to help distract and engage one person and this helped to reduce their distress. We saw that staff took time to explain what care they were going to provide to people and talked to them throughout; for example, we saw that two staff were supporting someone to move using equipment and they gave positive feedback to the person such as "That's it, you're doing great".

People told us their privacy and dignity was promoted. One person said, "They always knock on my door in a morning before they come in". We observed that staff mostly asked people discreetly and privately about personal care needs. People were well presented and one relative we spoke with said, "My relative has their nails done and their hair styled every week which is really important to them". Relatives we spoke with told us the staff were welcoming and they could visit anytime. One relative told us, "They always welcome me and nothing is too much trouble". We saw that relatives and friends visited freely throughout the day.

Requires Improvement

Is the service responsive?

Our findings

At our last comprehensive inspection we found there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because people living with dementia were not provided with sufficient opportunities to ensure their needs were fully met. At this inspection, we saw that there was some improvement as people were given the opportunity to participate in some activities, such as a craft activity and games. We saw that the environment had been designed to support people living with dementia to orientate and to stimulate memory. For example, we saw that there were pictorial signs and objects such as gas masks and a wedding dress for people to touch. We saw that there was more than one lounge where people could sit and they were decorated to different themes, such as a beach theme and as a pub. However, relatives we spoke with told us that there was not always enough activities for people. One relative said, "They don't do anything, there are never any activities and not enough stimulation". Another relative told us, "They are often sat in the lounge asleep and so we come to another floor where things are a bit livelier". We saw that there was one activities co-ordinator who told us, "I plan a four week rota of activities across the three floors". One member of staff we spoke with said, "We could do with more hours for activity co-ordinators". Another member of staff said, "There's not enough time for us to do things with people and we get very little one to one time".

When we spoke with people's relatives they said that they were not involved in planning care. One relative said, "No one has ever sat me down and looked at care plans or discussed that with me. I don't know whether my relative has a bath or a shower, or how often". Another relative said, "I don't know why my relative has a special diet or whether they have medicine for a long standing health condition. If we don't ask we don't know anything". The provider told us and we saw that they had systems in place to address this and would be offering relatives the opportunity to participate in care reviews.

The majority of staff we spoke with knew people well and could describe their preferences as well as their personal histories. We saw a member of staff reassuring one person by talking about the village they grew up in and what it was like when they were small. Staff we spoke with knew what was in people's care plans and one said, "I use the resident's care plans and what I know about them to see if their needs have changed and to make sure I'm doing what they need me to do". We saw that records were detailed about the person, reviewed regularly and altered to reflect peoples changing needs.

People we spoke with and relatives knew how to make a complaint. We saw that complaints information was included in the newsletter that was sent to family members. We also saw that there was a "you said, we did" notice board displaying comments/suggestions from residents/relatives and what the management team have done to resolve the issues. The provider had a complaints procedure and we saw that all complaints received were reviewed, analysed and responded to within the set timeframe.

Requires Improvement

Is the service well-led?

Our findings

At our last comprehensive inspection we saw that there was a breach of Regulation 18 (4A) and (4B) of the Care Quality Commission (Registration) Regulations 2009 because the provider did not send us all of the notifications that they should. At this inspection we saw that notifications were completed which enabled us to monitor whether the provider had taken appropriate action.

At our last inspection we saw that there had been no registered manager in post since September 2014 which meant that staff did not have consistent leadership. At this inspection there was still not a registered manager in post. We saw that there was currently a temporary manager in post for three months who was being mentored into the role by the project manager. People we spoke with said that they were not aware who the manager was. One person said, "I don't really see management much". Another person said, "I don't know who the manager is, you see people walking around but wouldn't know if they were the manager". Relatives we spoke with told us that the changes in management had been difficult. One relative said, "There is no management continuity and the turnover has been unbelievable. We would have moved my relative but they get on so well with the staff". Another relative said, "We don't know who the manager is they change so often". One member of staff we spoke with said, "There have been a lot of new managers which makes it hard to get into a routine because things are constantly changing". Another member of staff said, "The managers don't stay long enough and it is frustrating because we can see things that need to change". Records that we reviewed showed that there were meetings in place to engage with relatives and the provider has contacted all next of kin to try to get more people involved. Staff also said that the temporary manager was approachable. One member of staff said, "They are well liked and approachable. They are often seen on the floors and know the people well". The operations director told us, "We have put a leadership structure in place so that there is more support to the home. We are committed to supporting the team and the temporary manager to move forward".

Staff told us that they had received more regular support in recent months. One member of staff said, "I have supervisions and it's helpful to talk through things with the manager". We saw that there were regular meetings and that feedback was used constructively. For example, after feedback from a health professional the management team had held a meeting to discuss the points raised and plan future actions. In the PIR the provider said that they had revised their recruitment packs to make sure that people could be involved in choosing their own staff and we saw that this had happened for a recent recruitment.

We saw that audits were completed to drive improvement and that actions had been put in place to address the findings. For example, we saw that a medicines audit had highlighted that there was too much stock kept; when we reviewed this we saw that there was no longer excess and it had been returned. The operations director told us, "We have put a lot of work into introducing standardised systems across all of the homes and we are starting to see improvements now that they have been implemented". We saw that there was a service development plan in place which the leadership team were working to drive improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet peoples' needs.